Form **800**

BUSINESS EQUIPMENT TAX REIMBURSEMENT APPLICATION
2006
(for eligible personal property taxes paid in 2005)

0610700 00

Application must be filed <u>no</u> later than **January 2, 2007**.

Check if applicant is a: ☐ **Corporation** ☐ **LLC** ☐ **Partnership** ☐ **Sole Proprietor**

If applicant is a **corporation, partnership** or **LLC**, enter federal EIN .... ⎵⎵⎵ - ⎵⎵⎵⎵⎵⎵⎵

Business Name: ⎵⎵⎵⎵⎵⎵⎵⎵⎵⎵⎵⎵⎵⎵⎵⎵⎵⎵⎵⎵⎵⎵

If applicant is a **sole proprietor,** enter social security number .... ⎵⎵⎵ - ⎵⎵ - ⎵⎵⎵⎵

First Name: ⎵⎵⎵⎵⎵⎵⎵⎵⎵⎵ M.I.: ⎵ Last Name: ⎵⎵⎵⎵⎵⎵⎵⎵⎵⎵

Mailing Address: ⎵⎵⎵⎵⎵⎵⎵⎵⎵⎵⎵⎵⎵⎵⎵⎵⎵⎵⎵⎵

City/Town: ⎵⎵⎵⎵⎵⎵⎵⎵⎵⎵⎵⎵ State: ⎵⎵ Zip Code: ⎵⎵⎵⎵⎵

1. Consolidated application: ☐ YES ☐ NO
   ▸ If <u>YES</u>, complete lines 2, 4, 5, 6, 8a, 8b, 8c, 8d, and 9. Lines 5, 6, 8a, 8b, 8c, 8d, and 9 must reflect the total from all municipalites. Do not complete lines 3 and 7.
   ▸ If <u>NO</u>, complete lines 2 through 9.

2. Business Code: ⎵⎵⎵⎵⎵

3. Municipal Code: ⎵⎵⎵⎵

4a. Check this box if business was started on or after April 1, 1995 .... ☐

4b. Check this box if the business also receives reimbursement for personal property taxes under a TIF agreement (see instructions) .... ☐

Enter the following information for property tax payments made in calendar year **2005** based on the **April 1, 2004 and/or April 1, 2005** assessments. **See Instructions.**

	Assessed April 1, 2004	**Assessed April 1, 2005**
5. Original cost of **eligible** property	5a. $ ⎵⎵⎵ , ⎵⎵⎵ , ⎵⎵⎵	5b. $ ⎵⎵⎵ , ⎵⎵⎵ , ⎵⎵⎵
6. Assessed Value	6a. $ ⎵⎵⎵ , ⎵⎵⎵ , ⎵⎵⎵	6b. $ ⎵⎵⎵ , ⎵⎵⎵ , ⎵⎵⎵
7. Property Tax Rate	7a mils. ⎵⎵ . ⎵⎵	7b mils. ⎵⎵ . ⎵⎵
8. Requested Reimbursement (If Consolidation Schedule is used, see instructions on page 4)	8a. $ ⎵⎵⎵ , ⎵⎵⎵ , ⎵⎵⎵	8b. $ ⎵⎵⎵ , ⎵⎵⎵ , ⎵⎵⎵
(Enter 90% of lines 8a and 8b)	8c. $ ⎵⎵⎵ , ⎵⎵⎵ , ⎵⎵⎵	8d. $ ⎵⎵⎵ , ⎵⎵⎵ , ⎵⎵⎵

9. Total Reimbursement. Line 8c plus line 8d. .... 9. $ ⎵⎵⎵ , ⎵⎵⎵ , ⎵⎵⎵

90% of tax paid on <u>eligible property only</u>, taking into account any early payment discounts, but exclusive of any interest, penalties or any other charges. Proof of tax payment and a copy of the tax bill must be included with your claim. Requested reimbursement must exclude any portion of the property tax payments related to property not eligible for the program. See instructions on page 4.

Applicant (or business owner) signature: Under penalties of perjury, I declare that I have examined this application and accompanying schedules and statements and, to the best of my knowledge and belief, they are true, correct and complete. Declaration of preparer (other than applicant) is based on all the information of which the preparer has any knowledge.

Applicant _____ Date ⎵⎵ / ⎵⎵ / ⎵⎵ Telephone Number ⎵⎵⎵ - ⎵⎵⎵ - ⎵⎵⎵⎵
(or business officer)

Preparer _____ Date ⎵⎵ / ⎵⎵ / ⎵⎵ Preparer ID Number ⎵⎵⎵⎵⎵⎵⎵⎵⎵

Preparer Telephone Number ⎵⎵⎵ - ⎵⎵⎵ - ⎵⎵⎵⎵

office use only ⎵⎵

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YEAR 2006

CONSOLIDATION SCHEDULE
(Do not include cents)

A Municipal Code		B Original Cost	C Assessed Value	D Property Tax Rate	E Tentative Requested Reimbursement	F Tentative Total Reimbursement
	2004	$ ___,___,___	$ ___,___,___	__.__	$ ___,___,___	
	2005	$ ___,___,___	$ ___,___,___	__.__	$ ___,___,___	$ ___,___,___
	2004	$ ___,___,___	$ ___,___,___	__.__	$ ___,___,___	
	2005	$ ___,___,___	$ ___,___,___	__.__	$ ___,___,___	$ ___,___,___
	2004	$ ___,___,___	$ ___,___,___	__.__	$ ___,___,___	
	2005	$ ___,___,___	$ ___,___,___	__.__	$ ___,___,___	$ ___,___,___
	2004	$ ___,___,___	$ ___,___,___	__.__	$ ___,___,___	
	2005	$ ___,___,___	$ ___,___,___	__.__	$ ___,___,___	$ ___,___,___
	2004	$ ___,___,___	$ ___,___,___	__.__	$ ___,___,___	
	2005	$ ___,___,___	$ ___,___,___	__.__	$ ___,___,___	$ ___,___,___
	2004	$ ___,___,___	$ ___,___,___	__.__	$ ___,___,___	
	2005	$ ___,___,___	$ ___,___,___	__.__	$ ___,___,___	$ ___,___,___
	2004	$ ___,___,___	$ ___,___,___	__.__	$ ___,___,___	
	2005	$ ___,___,___	$ ___,___,___	__.__	$ ___,___,___	$ ___,___,___
	2004	$ ___,___,___	$ ___,___,___	__.__	$ ___,___,___	
	2005	$ ___,___,___	$ ___,___,___	__.__	$ ___,___,___	$ ___,___,___
	2004	$ ___,___,___	$ ___,___,___	__.__	$ ___,___,___	
	2005	$ ___,___,___	$ ___,___,___	__.__	$ ___,___,___	$ ___,___,___
	2004	$ ___,___,___	$ ___,___,___	__.__	$ ___,___,___	
	2005	$ ___,___,___	$ ___,___,___	__.__	$ ___,___,___	$ ___,___,___
	2004	$ ___,___,___	$ ___,___,___	__.__	$ ___,___,___	
	2005	$ ___,___,___	$ ___,___,___	__.__	$ ___,___,___	$ ___,___,___

	Column B	Column C	Column F
1. PAGE TOTAL	$ ___,___,___	$ ___,___,___	$ ___,___,___
2. TOTAL FROM OTHER SCHEDULES	$ ___,___,___	$ ___,___,___	$ ___,___,___
3. GRAND TOTAL	$ ___,___,___	$ ___,___,___	$ ___,___,___

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